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The Prevalence and Demographic Predictors of Illicit and Licit Drug Use among Lesbians and Gay Men

William F. Skinner, PhD

Introduction

Early research on illicit and licit drug use by homosexuals has primarily examined the prevalence of alcohol use and abuse using small, opportunistic samples.¹⁻¹³ Only within the last decade have studies begun to report both drug and alcohol use among larger and more representative samples.¹⁴⁻¹⁹ However, most of this research has excluded lesbians, employed limited drug use measures, and been conducted in large cities known for their large homosexual populations (e.g., San Francisco). Little is known about the full extent of illicit and licit drug use among gay men and lesbians living in smaller cities.

This paper presents selected data from the Trilogy Project, a study of self-reported illicit and licit drug use among homosexuals of both sexes from two metropolitan areas in a southern state. Two issues are examined: (1) lifetime, past-year, and past-month age-specific prevalence of use of six illicit and

two licit "recreational" drugs (alcohol and cigarettes) as well as the nonmedical use of four psychotherapeutic drugs by age; and (2) demographic predictors of reported frequency of use over the past year of marijuana, alcohol, and cigarettes—the three drugs most commonly used by both lesbians and gay men. Further data are reported elsewhere.²⁰

Methods

Sample and Procedures

Respondents were self-defined homosexuals living in and around the two

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Note. The content, interpretations, and conclusions expressed in this paper are exclusively those of the author.

ABSTRACT

Studies on illicit and licit drug use among homosexuals of both sexes have focused primarily on gay men, used limited drug measures, and been conducted in cities known for large homosexual populations. This paper examines (1) the prevalence of 12 illicit and licit drugs by sex and age group and (2) the demographic predictors of past-year frequency of marijuana, alcohol, and cigarette use. Organizational mailing lists were used to collect self-report data on 455 homosexuals living in a southern state. Differences were found between gay men and lesbians in the use of specific substances and in the demographic predictors of drug use. (*Am J Public Health*. 1994; 84:1307-1310)

TABLE 1—Lifetime, Past-Year, and Past-Month Prevalence (Percentages) and Numbers of Self-Reported Illicit Drug Use, Non-Medical^a Use of Psychotherapeutics, and Alcohol and Cigarette Use among Gay Men and Lesbians, by Age

Age, y	Life %	Year %	Month %	No.	Life %	Year %	Month %	No.	Life %	Year %	Month %	No.	Life %	Year %	Month %	No.	Life %	Year %	Month %	No.
Marijuana				Cocaine				Crack				Inhalants ^b				Hallucinogens ^c				
Gay men																				
18–25	79.2	50.0	37.5	24	26.1	13.0	4.3	23	8.7	0.0	0.0	23	62.5	41.7*	16.7	24	50.2	20.8	8.3	24
26–34	75.5	35.8	16.0	106	25.2	8.4	1.9	107	3.7	0.9	0.0	107	63.2	25.5*	14.2*	106	19.6	2.8	0.0	107
35+	65.4	27.7	15.4	130	27.9	6.2	2.3	129	2.3	1.6	0.0	129	58.8*	26.0*	18.3*	131	27.1	3.1	8.0	129
Total	70.8	33.1	17.7	260	26.6	7.7	2.3	259	3.5	1.2	0.0	259	60.9*	27.2*	16.5*	261	26.2	4.6	1.2	260
Lesbians																				
18–25	82.4	41.2	23.5	17	23.5	11.8	0.0	17	0.0	0.0	0.0	17	41.2	11.8	5.9	17	41.2	11.8	0.0	17
26–34	95.5*	40.9	21.2	66	42.4*	9.1	4.5	66	6.1	0.0	0.0	66	50.8	9.2	3.1	65	45.5*	4.5	4.5*	66
35+	82.7*	22.1	13.5	104	28.8	4.8	1.9	104	1.0	0.0	0.0	103	28.6	2.9	2.9	105	32.7	1.0	0.0	104
Total	87.2*	30.5	17.1	187	33.2	7.0	2.7	187	2.7	0.0	0.0	186	37.4	5.9	3.2	187	38.0*	3.2	1.6	187
Heroin				Illicit Drugs ^d				Stimulants ^e				Sedatives ^f				Tranquilizers ^g				
Gay men																				
18–25	4.2	0.0	0.0	24	91.7	66.7	41.7	24	65.2	47.8	21.7*	23	29.2	8.3	4.2	24	29.2	16.7	0.0	24
26–34	1.9	0.0	0.0	106	81.5	42.6	25.9	108	30.8	8.4	3.7	107	18.7	2.8	0.0	107	25.2	6.5	1.9	107
35+	0.8	0.8	0.0	130	75.0	38.6*	26.5	132	33.1	4.6*	2.3*	130	24.8	5.4*	2.3	129	24.2	7.0	2.3	128
Total	1.5	0.4	0.0	260	79.2	42.8*	27.7	264	35.0	10.0	4.6*	260	22.7	4.6*	1.5	260	25.1	7.7	1.9	259
Lesbians																				
18–25	0.0	0.0	0.0	17	88.2	47.1	23.5	17	52.9	23.5	0.0	17	11.8	0.0	0.0	17	29.4	17.6	0.0	17
26–34	6.1	0.0	0.0	66	95.5*	40.9	24.2	66	54.5*	7.6	3.0	66	39.4*	1.5	1.5	66	38.5	6.2	1.5	65
35+	5.7*	0.0	0.0	105	81.3	24.3	16.8	107	39.4	1.9	0.0	104	33.3	0.0	0.0	105	34.3	6.7	1.9	105
Total	5.3*	0.0	0.0	188	86.8*	32.0	20.0	190	46.0*	5.9	1.1	187	33.5*	0.5	0.5	188	35.3*	7.5	1.6	187
Analgesics ^h				Psychotherapeutics ⁱ				Alcohol				Cigarettes								
Gay men																				
18–25	25.0	10.8	3.2	24	75.0	54.2	29.2	24	100.0	100.0	83.3	24	79.2	62.5	58.3	24				
26–34	16.8	6.9	3.0*	107	37.0	14.8	5.6*	108	98.1	93.5	81.3*	107	56.1	33.6	26.2	107				
35+	17.9	5.8	0.9	123	41.7	9.1	3.0	132	98.5	82.4	70.2	131	73.8	40.8	35.4	131				
Total	18.1	7.1	2.2*	254	42.8	15.5	6.4*	264	98.5	88.5	76.0*	262	66.8	39.7	33.6	262				
Lesbians																				
18–25	17.6	5.9	0.0	17	58.8	35.3	0.0	17	100.0	94.1	76.5	17	82.4	70.6	52.9	17				
26–34	33.3*	7.6	0.0	66	54.5*	15.2	3.0	66	100.0	84.8	66.7	66	75.0*	50.0*	43.8*	64				
35+	21.0	4.8	0.0	105	51.4	10.3	1.9	107	99.1	84.0	63.2	106	78.1	42.9	38.1	105				
Total	25.0	5.9	0.0	188	53.2*	14.2	2.1	190	99.5	85.2	65.6	189	77.4*	47.8	41.4	186				

^aNonmedical use means without a doctor's prescription, in greater amounts or more often than prescribed, or for any other reason.

^bIncludes amyl or butyl nitrite and other inhalants.

^cIncludes LSD and other hallucinogens.

^dBased on use of any illicit drug.

^eIncludes drugs such as dexedrine and benzedrine.

^fIncludes drugs such as quaaludes and seconal.

^gIncludes drugs such as Valium and Xanax.

^hIncludes drugs such as Darvon and Percodan.

ⁱBased on nonmedical use of any psychotherapeutic drug.

*Differences in proportion between gay men and lesbians significant at .05 level.

largest cities located in a southern state. Participants were sampled by means of mailing lists from lesbian and gay organizations. A total of 455 respondents—190 (41.8%) lesbians and 265 (58.2%) gay men—completed the survey. This represents a 51.9% response rate overall. Mean age respective to each group was 36.4 and 37.4 years and mean years of education were 15.1 and 15.3 years. The majority of lesbians (92.3%) and gay men (94.1%) were White.

Within the context of research on lesbian and gay issues, the response rate, while low, is among the highest, and the

coverage of illicit and licit drug use is among the most comprehensive reported to date.^{13,16–19}

Measures

The drug use prevalence rates were calculated from responses to the question, "When was the most recent time you used [marijuana or hash], etc.?" The response categories were (1) never, (2) within the past week, (3) within the past month, (4) within the past year, (5) from 1 to 5 years ago, (6) from 5 to 10 years ago, and (7) 10 or more years ago. Past-year frequency of marijuana, alcohol, and cigarette use was

measured by the question, "How often in the past year have you used [marijuana or hash], etc.?" Here the response categories were (1) never, (2) one to five times in the past year, (3) one to two times a month, (4) several times a month, (5) 1–2 days a week, and (6) daily or almost daily. These drugs were selected because they were the most common drugs used by both groups and had the largest variances. All drug questions were taken from the 1988 National Household Survey on Drug Abuse.²¹

Age was measured in number of years, and education was measured in

number of years of schooling. Personal income was categorized by (1) no personal income, (2) under \$5000, (3) \$5000 to \$6999, (4) \$7000 to \$8999, (5) \$9000 to \$11 999, (6) \$12 000 to \$14 999, (7) \$15 000 to \$19 999, (8) \$20 000 to \$24 999, (9) \$25 000 to \$29 999, (10) \$30 000 to \$39 999, (11) \$40 000 to \$50 000, and (12) more than \$50 000; household location was indicated by (1) rural, (2) town (under 10 000), (3) small city (10 000 to 100 000), (4) suburb, and (5) city (more than 100 000); and relationship status was measured by (0) single and (1) in relationship.

Statistical Procedures

To determine statistical differences in drug use between gay men and lesbians, a *z* test for differences in proportions for two samples was used. Ordinary least squares regression procedures were used to estimate the standardized regression coefficients.

Results

Prevalence of Illicit and Licit Drug Use

The prevalence of illicit and licit drug use for different age groups was similar for gay men and lesbians (Table 1). For inhalants and cigarettes, however, significant differences between gay men and lesbians occurred consistently: inhalant use was more prevalent among gay men and cigarette use was more prevalent among lesbians. Past-year and past-month use of any illicit drug, stimulants, and sedatives differed significantly between gay men and lesbians over age 35. The least prevalent drugs were crack and heroin.

Demographic Predictors of Marijuana, Alcohol, and Cigarettes

Linear multiple regression analysis indicates that for both groups, demographic predictors accounted for the most variance in cigarette use (Table 2). For lesbians, the frequency of marijuana use was significantly reduced with age and the frequency of cigarette use was significantly reduced with education; however, none of the demographic variables was a significant predictor of alcohol use. For gay men, education was important in reducing the frequency of both marijuana and cigarette use; living in urban areas increased the frequency of cigarette use; and income, household location, and relationship status significantly increased the frequency of alcohol use.

TABLE 2—Standardized Regression Coefficients (Linear Multiple Regression Analysis) for Demographic Predictors in Past-Year Self-Reports of Use of Marijuana, Alcohol, and Cigarettes

	Lesbians (n = 181)			Gay Men (n = 244)		
	Marijuana	Alcohol	Cigarettes	Marijuana	Alcohol	Cigarettes
Age	-.21**	-.11	-.07	-.10	-.03	.01
Education	-.10	.08	-.30**	-.17**	-.03	-.24**
Income	.06	.00	-.01	-.08	.15**	-.08
Household location	.04	-.06	-.09	-.03	.12*	.11*
Relationship status (single or in relationship)	.04	.03	-.04	.01	.12*	.00
R ²	.05*	.02	.12**	.07**	.05**	.09**

*Significant at .10 level.

**Significant at .05 level.

Discussion

Although a low response rate severely limits the interpretation of these data, they are justified by the absence of similar published data for both gays and lesbians living outside major metropolitan areas.

Marijuana and inhalants were the most popular illicit drugs reportedly used by gay men in this sample. For lesbians, cigarette use is particularly alarming. Rates for current smoking among women in national health studies are approximately 20 percentage points lower than those found here.²²

Although frequency of drug use among lesbians and gay men declined with educational level, frequency of alcohol use increased among gay men who are affluent, reside in urban areas, and have close interpersonal relationships. These factors did not significantly affect drug use among lesbians.

Prevalence rates for this sample can be examined in light of the prevalence rates found in the 1990 National Household Survey on Drug Abuse.²³ Among adults aged 18 to 25, 16.5% of men and 9.1% of women have used marijuana in the past month, compared with 37.5% of gay men and 23.5% of lesbians. Among adults aged 26 to 34, 73.7% of men and 55.2% of women have used alcohol in the past month; comparative figures for gay men and lesbians are 81.3% and 66.7%, respectively. Finally, among adults aged 35 and over, 27.1% of men and 22.0% of women reported smoking cigarettes in the past month, compared with 35.4% for gay men and 38.1% for lesbians. Clearly, illicit and licit drug use in the homosexual

community is a public health concern requiring immediate attention. □

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ABSTRACT

Breast biopsy is a common procedure for which few age-specific, population-based data are available. We identified all women who underwent breast biopsy in Rhode Island in 1989 by reviewing the specimen logs at each of 13 pathology laboratories. Among 425 000 women aged 15-97 years, 2685 underwent breast biopsy, for an overall rate of 6/1000. The rate increased with age, peaking among 45- to 54-year-olds and then declining in women over 75. Among those biopsied, 726 were diagnosed with breast cancer, for an overall biopsy positivity of 27%. In contrast to rate, positivity increased steadily with age. These results are within the range of estimates produced by smaller group studies. (*Am J Public Health*. 1994;84:1310-1312)

Breast Biopsy Rate and Positivity in Rhode Island

Margaret S. Richards, PhD, Judith Feldman, MD, MPH, Robert A. Smith, PhD, and Barbara A. DeBuono, MD, MPH

Introduction

In November 1987, the Rhode Island Department of Health, in collaboration with the Centers for Disease Control, initiated a Breast Cancer Screening Program. A review of data from the quality assurance component of this program raised questions about the extent of presurgical workup performed before biopsy. Although a number of publications have addressed this issue,¹⁻³ the majority have come from centers with special interest and expertise in mammography.⁴ To date, we are unaware of any population-based studies of the association between prebiopsy evaluation and breast biopsy outcome.

The Rhode Island Department of Health has undertaken a two-phase, population-based study of breast biopsy among Rhode Island women. Phase I, which is complete, involved identifying all female residents who underwent open breast biopsy in the state in the calendar year 1989. The purpose of this phase was to generate a sampling frame for Phase II, which involves abstracting medical record data for a sample of women undergoing biopsy to identify those lesions and those diagnostic pathways that consistently lead to a negative (potentially avoidable) bi-

opsy. This paper summarizes the descriptive data obtained in Phase I on biopsy rates and positivity.

Methods

Definitions

An open breast biopsy was defined as the removal of breast tissue to provide a definitive histologic diagnosis. This definition excludes percutaneous or cytologic procedures such as fine needle aspiration, treatment of established breast cancer such as mastectomy, and other procedures involving the breast, such as breast

At the time of the study, Margaret S. Richards was with the Office of Disease Control, Rhode Island Department of Health, Providence, RI, and the Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, Ga; she is now with Abbott Laboratories, in Abbott Park, IL. Judith Feldman is with the Division of Preventive Health Services, Rhode Island Department of Health. Robert A. Smith was with the Division of Cancer Prevention and Control, Centers for Disease Control and Prevention; he is now with the Medical Affairs Department, American Cancer Society, Atlanta, Ga. Barbara A. DeBuono is with the Rhode Island Department of Health.

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